## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885

NSTRUCTIONS: This	form should be used for	transmitting the ISSUE	FEE and PUBLICA	TION FEE (if required	). Blocks 1 through	5 should be comp	cted where
appropriate. All further	correspondence including	the Patent, advance orde	rs and notification of	maintenance fees will	be mailed to the cur	rent correspondence	address as
ndicated unless correcte	ed below or directed other	wise in Block 1, by (a):	specifying a new corr	espondence address; an	d/or (b) indicating a	separate "FEE ADI	DRESS" for
naintenance fee notifica							

INSTRUCTIONS: This appropriate. All further indicated unless correcte maintenance fee notifica	form should be used to correspondence including d below or directed others.	for trange the nerwise	Smitting the ISSU Patent, advance of in Block 1, by (a					should be completed when correspondence address a arate "FEE ADDRESS" fo	
CURRENT CORRESPOND	any change of address)		Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, mus have its own certificate of mailing or transmission.						
22429	7590 02/22	/2010					of Mailing or Trans		
1700 DIAGONA SUITE 300		IER, LLP		hereby certify that the	is Feel	s) Transmittal is being	sinssion g deposited with the United st class mail in an envelope above, or being facsimile late indicated below.		
ALEXANDRIA, VA 22314					Tracy A. Luke			(Depositor's name)	
					/Tracy A. L	uke/		(Signature)	
				[	May 21, 2010	)		(Date)	
APPLICATION NO.	PLICATION NO. FILING DATE			FIRST NAMED INVENT	OR	ATTO	RNEY DOCKET NO.	CONFIRMATION NO.	
10/673,260	10/673,260 09/30/2003 Koichiro Mitsui					4635-003 2073			
FITLE OF INVENTION	: DISPOSABLE DIAPE	R							
				T-11					
APPLN. TYPE	SMALL ENTITY	IS	SUE FEE DUE	PUBLICATION FEE DI		E FEE	TOTAL FEE(S) DUE		
nonprovisional	NO		\$1510	\$300			\$1810	05/24/2010	
EXAM		L	ART UNIT	CLASS-SUBCLASS					
HAND, ME			3761	604-391000					
. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attomeys 1 LOWE HAUPTMAN HA							AUPTMAN HAM		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively,					
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is					
Number is required.	2 or more recent) attach	icd. Us	e of a Customer	listed, no name will	be printed.	no nam	ie is 3		
	ND RESIDENCE DATA								
PLEASE NOTE: Unl recordation as set fort	ess an assignee is ident h in 37 CFR 3.11. Comp	ified be	clow, no assignee of this form is NO	data will appear on th T a substitute for filing	e patent. If an assign an assignment.	ce is ic	dentified below, the d	ocument has been filed fo	
(A) NAME OF ASSIG				(B) RESIDENCE: (C					
UNI-CHARM C	CORPORATION			Ehime-Ken,	Japan				
Please check the appropri	iate assignee category or	catego	ries (will not be pr	inted on the patent):	☐ Individual ☐ Co	orporati	ion or other private gro	oup entity Governmen	
a. The following fee(s)	are submitted:		41	Payment of Fee(s): (I	lease first reapply a	ny prev	iously paid issue fee	shown above)	
Issuc Fee				A check is enclosed.					
☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies 2				☐ Payment by credit card. Econo £76.2838/s statecheds: via EFS ☐ The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any					
				overpayment, to D	eposit Account Numb	cr _0	71337 (enclose a	n extra copy of this form).	
	tus (from status indicate s SMALL ENTITY statu			☐ b. Applicant is no	longer eleiming CAAA		FITV 9 22.01	EB 1 22(-)(2)	
nterest as shown by the	ecords of the United Sta	tes Pat	ent and Trademark	Office.	7,			ne assignee or other party in	
Authorized Signature	/Tracy A. L	ıke/			Date	May	21, 2010		
Typed or printed name	Tracy A. L	uke			Registration N	No	29,310		
This collection of inform in application. Confident ubmitting the completed	ation is required by 37 C itality is governed by 35 I application form to the	FR 1.3 U.S.C USPT	11. The information 122 and 37 CFR O. Time will vary	on is required to obtain 1.14. This collection is depending upon the ir	or retain a benefit by t estimated to take 12 dividual case. Any co	he publ	lic which is to file (and to complete, including s on the amount of tie	by the USPTO to process g gathering, preparing, and me you require to complete	

this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 2313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 2313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.